STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

<u>Wai</u>	ver #1. ¹ /	Not Applicable
a.	Waiver was gr	ranted on(date)
b.	_	ional arrangement authorized, the nature and extent of repsonsibility dministration delegated to, and, and, and
	plan are descr	and/or services of such agency to be utilized in administration of the ibed below:
c.		for coordinating responsibilities among the several agencies involved
••	in administrati follows:	ion of the plan under the alternate organizational arrangement are as
		ion of the plan under the alternate organizational arrangement are as
	follows:	y additional waivers which have been granted is contained in attached
	follows:	